PTO/SB/06 (12-04)

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PATEN	T APPLICATION Substitution	N FEE DET ute for Form P	ERMINATI	OV	RECORD		Ap	splays a valid OMI plication or Docket	oontrol number. Number
APPLICATION AS FILED - I		D – PART I			SMALL ENTITY		OF	OTHER THAN OR SMALL ENTITY	
FOR	NUMBER FILED	NUM	NUMBER EXTRA		RATE (\$) FEE (\$)		7		
BASIC FEE (37 CFR 1.16(a), (b), or (c))				1	TOXIE (3)	FEE (\$)	\dashv	RATE (\$)	FEE (\$).
SEARCH FEE (37 CFR 1.16(K), (I), or (m))				1		 	╣		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				1.		 	-		
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20			1	x =		┥		
INDEPENDENT CLAIMS (37 CFR 1.16(h))				1			OR	X	ļ
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification sheets of paper, the is \$250 (\$125 for stadditional 50 sheet 35 U.S.C. 41(a)(1)(and drawings e application s mall entity) for s or fraction th	ize fee due each ereof. See		X =			X =	
MULTIPLE DEPENDENT									
* If the difference in column	* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL	
APPLICAT	TION AS AMENDE	D – PART II					*		
	iumn 1)	(Column 2)	(Column 3)		SMALL	ENTITY	OR	OTHER	
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Application Size Fee (37 CFR 1.16(s))			_	X =		OR	x =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))			R 1.16(D)	ł	$\overline{}$				·
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))							OR		
* If the entry in an					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
"If the entry in column 1 "If the "Highest Number "If the "Highest Number The "Highest Number P	Previously Paid For IN Previously Paid For IN reviously Paid For (Tot	THIS SPACE IS	less than 20, e	nter	3 *	ne appropriate	box in c	column 1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paternal Aldermark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandría, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandría, VA 22313-1450.